



Nevada State Board of Dental Examiners

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CERTIFICATION OF PROFICIENCY IN ADMINISTRATION OF LOCAL ANESTHESIA AND NITROUS OXIDE OXYGEN ANALGESIA

I HERBY CERTIFY that _____ (*name of applicant*) has
successfully completed a course, including administration, in one or both of the following
(*please check and complete appropriate line*)

_____ (a) Local Anesthesia on _____ (*date*) _____ *Infiltration Only (check if applicable)*

_____ (b) Nitrous Oxide Oxygen Analgesia on _____ (*date*) _____ *Monitoring Only (check if applicable)*

ORIGINAL SIGNATURE OF DEAN / PROGRAM DIRECTOR (No stamped signatures)

Printed name of Dean / Program Director and date

OFFICIAL SEAL OF ACCREDITED
DENTAL HYGIENE SCHOOL OR UNIVERSITY